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COMPOUND COMMINUTED FRACTURES OF BOTH LEGS;
PRIMARY AMPUTATION OF THE RIGHT LEG; SECOND-
ARY AMPUTATION OF THE LEFT LEG ON THE FORTY-
EIGHTH DAY; DEATH.

BY CHARLES. R. GREENLEAF, M. D., SURGEON UNITED STATES ARMY.

JOHN K., aged forty-three years, Dane, by occupation a "freighter," was brought to the Post Hospital on the afternoon of August 18, 1879, with compound comminuted fractures of both legs, having been run over by his wagons, loaded with over eight thousand pounds of freight. The accident occurred about nine o'clock in the morning, at a point twenty-three miles distant, whence he was brought, over a rough road, in a common spring wagon.

He was placed as soon as possible under the full anæsthetic influence of ether. The bones of the right leg and ankle were crushed into small fragments from the middle of the leg to the arch of the foot; the ankle-joint was utterly disorganized, and through a large rent on its inner surface the lower articular end of the tibia and the detached head of the astragalus protruded; the soft parts were reduced to a pulp. The bones of the left leg were also comminuted, their fractured ends penetrating the skin through two small openings.

Primary amputation of the right leg, being imperatively necessary, was at once performed at the upper third by the circular method, Es-march's bandage being applied. Hæmorrhage during the operation was trifling; the two main arteries and one muscular branch were tied; capillary hæmorrhage, after removing the rubber cord, was quickly arrested by the application of *hot* water, at a temperature of 110° or 115° F. The stump was dressed antiseptically by Weir's apparatus, the ligatures and sutures being also carbolized.

As the patient was greatly prostrated by shock and hæmorrhage prior to the operation, it was deemed unsafe to make an amputation of the other leg, and an attempt at reduction of its fractures was made, but could be only partially accomplished. It was placed in a fracture-box, and slung to a frame-work placed over the bed, counter-extension being made by a weight attached to the leg by adhesive plaster; the rents in the soft parts were closed by an antiseptic dressing.

On the fifth day erysipelas attacked the left leg, quickly extending over its entire surface, and invading the thigh as high up as the buttocks. The patient was placed on quinine and iron in full doses, with beef tea, and large doses of brandy and morphia were given hypodermically; the local dressing consisted of carbolyzed glycerine. On the seventh day sloughing of the tissue on the back of the leg commenced; on the eighth day a large abscess was evacuated just above the popliteal space, and on the tenth day another, four inches higher up, was opened; quinine was pushed to its full extent; on the twelfth day the erysipelas seemed to be under control, the temperature falling to 99.4° from 104° F., and the blush fading.

The amputated stump was dressed in strict accordance with the antiseptic method; nothing approached it unless previously disinfected with carbolic acid, the protective silk, antiseptic and hygroscopic gauze, and salicylated jute being used, all under the carbolyzed spray, and the hands of the surgeon and attendants, the instruments, sponges, etc., were carefully washed in carbolyzed water before work was commenced. No suppuration was observed until the tenth day, when a slight, thin discharge came away, and the edges of the flaps had commenced to slough, but there was no evidence of erysipelas. On the nineteenth day the sloughing had ceased; considerable tissue had been destroyed, and a small portion of the ends of the tibia and fibula was exposed; the wound was covered, however, by healthy granulations.

On the seventeenth day diarrhœa set in; temperature 102° F. It was controlled by astringents, and disappeared on the nineteenth day.

On the twenty-sixth day the left leg was again attacked with erysipelas, which spread rapidly, invading the entire leg, and extending on that side of the trunk to the axilla. The large doses of quinine and iron were resumed, and the limb was treated with *hot* water (after Hamilton's method) for three days; on account of the difficulty in keeping the patient's body and the bedding dry, this was abandoned for a cotton dressing covered with oiled silk. On the thirty-third day the erysipelas had subsided.

The patient was now very much prostrated, the leg and thigh were enormously swollen, and discharging quantities of a thin, watery fluid mixed with broken-down cellular tissue. No effort at union of the fractures had been made, and it was evident that pus had found its way into the ankle-joint. Stimulants and nourishment were pushed as far as possible, with a view of bringing the general condition to a point at which an amputation could with some degree of safety be performed, and on the forty-eighth day, after consultation with Assistant Surgeon Merrill, United States army, it was decided that this operation presented the only chance for life. Complete anæsthesia was produced by sulphuric ether; the limb was elevated a few moments to rid it of surplus blood;

a common bandage was put very tightly on the foot and leg as far up as the seat of fracture; from that point the rubber bandage was applied. The leg was so much swollen and the tissues were so indurated that, as a matter of precaution, a screw tourniquet was placed over the femoral artery.

After removing the rubber bandage, and as the primary incision was about to be made, the sloughing tissue on the back of the leg gave way, accompanied by a gush of dark blood; the screw tourniquet was at once tightened, but without much effect in restraining the hæmorrhage. The operation was commenced as speedily as possible, but before the flaps could be completed the patient was in a dying condition. The operation was immediately suspended, and every effort made to revive him, without avail. He continued to breathe a trifle over fifteen minutes, and then died, the cause of death being, in my opinion, shock.

The case presents several interesting points: First, the amputated stump, dressed antiseptically, although lying within a few inches of its fellow limb, highly erysipelatous, did not show the least evidence of the disease; the sloughing of the flaps may, I think, fairly be attributed to the depressing influence of the attack of erysipelas, or to a syphilitic taint, of which the patient was the subject. During the second attack of erysipelas, granulation of the stump went on without any apparent hindrance, the general color of the stump being a trifle darker than usual.

Second. The value of *hot* water in controlling the capillary hæmorrhage following removal of Esmarch's bandage was thoroughly demonstrated.

Third. The two attacks of erysipelas ran a regular course, apparently uninfluenced by medication, save in the matter of the reduction of temperature by large doses of quinine, thirty to forty grains, of which the effect was well marked.

FORT SHAW, MONTANA TERRITORY, October 12, 1879.

SKIN GRAFTING.¹

BY W. SYMINGTON BROWN, M. D., STONEHAM, MASS.

SINCE M. Reverdin, at La Charité, Paris, and Mr. Pollock, at St. George's Hospital, London, — both in 1870, — first directed attention to the subject of skin grafting, surgeons do not seem to have appreciated the great importance of the method. Dr. Frank H. Hamilton, several years before, employed a somewhat similar method successfully, that is to say, he transplanted pieces of fresh skin, which took root, and healed ulcers which for a long time had remained stationary. But M. Rever-

¹ Read before the Middlesex East District Society, October 29, 1879.

din's method is simpler and easier of application than any other, and deserves a more extended trial than has yet been given to it.

A certain cardinal principle underlies the operation of skin grafting. It is this: *there is a limit to the power of reproduction*. My attention was first forcibly called to this principle in the year 1842, while attending a clinic held by the late Professor Laurie at the Royal Infirmary, Glasgow. A young woman, employed in a cotton factory, had a large strip of skin torn from her arm. I cannot say how much was lost, but a short examination satisfied Professor Laurie that the arm would require to be amputated. Her friends were horrified, and refused their consent. During a whole year fruitless attempts were made by different surgeons to effect a cure, and she finally returned to the Royal Infirmary, emaciated by the constant drain, and submitted to amputation.

CASE I. I was called, October 9, 1872, to see a little boy named O'Reilly, three years of age, who had been badly burned while playing with matches amid a pile of dry leaves in the woods. He was so severely burned on the face, neck, arms, and abdomen that his life was despaired of. The parts were dressed with fine cotton batting soaked in carbolized oil every day for several months. Finally it occurred to me to try the new process of skin grafting, and the trial was attended with marked improvement, more especially on the face, which, I believe, was saved from distortion by this means.

CASE II. Miss M. N., a young lady, sixteen years of age, met with the entire loss of her scalp on the morning of September 6, 1872. While working at a bench in a shoe shop, above which a belt revolved, her long hair was caught up by electrical attraction, and the scalp, skin of the forehead, and a part of the right cheek were entirely torn off in an instant. The scalp was replaced by one of the workmen, and stitches were inserted by Dr. Cowdrey and myself, after which she was removed the same day to the Massachusetts General Hospital, where she remained for eight weeks under the care of Dr. J. Collins Warren.

There was but slight hæmorrhage at the time of the accident, and not much constitutional disturbance, considering the extent of the injury. During the first three weeks the scalp gradually shriveled, and was cut away piece by piece. Dr. Warren made several attempts at grafting during her eight weeks' stay in the hospital, but on account of the free purulent discharge they all failed. She was carried home to Stoneham October 31, 1872, and came under my care at that time. My first efforts were directed to checking the discharge, and for this purpose a weak solution of carbolic acid (one drachm of the crystals and one ounce of glycerine to the gallon of tepid water) was freely used. Much benefit was derived from a solution of bromine in potassium bromide (one drachm bromine in four ounces saturated solution potassium

bromide), which was applied with a camel's-hair pencil every alternate day to the worst parts of the head and cheek. A weak solution of borax was also used as an eye-wash.

Miss N. returned to the hospital March 9, 1873, but remained three days only, as the hospital atmosphere did not agree with her. She returned to Stoneham.

I commenced to graft May 26, 1873, and with a few intermissions continued the process every Sunday for three years. Dr. Winthrop F. Stevens shared the labor with me during the first year, and Dr. Warren, Dr. Jeffries, and the late Dr. Wm. F. Stevens saw the case in consultation. During these three years over thirteen hundred grafts were taken from one hundred and eighty different persons, and, as each graft was cut in two, fully twenty-six hundred pieces of skin were applied. The larger portion of the contributors were young people, many of them mere children. The pieces averaged the size of an oat-seed.

Since the original accident Miss N. has had three severe attacks of what appeared to be pyæmia, namely, in March and November, 1873, and in June, 1875. The last attack was accompanied by a petechial eruption all over the body, and partial suppression of urine. After the second and third of these attacks, a large portion of the newly formed surface sloughed, but, on recovery, cicatrization commenced in the line of the former grafts. An attempt was also made, after one of these attacks, to promote healing by means of Dr. Hammond's miniature galvanic battery, which consists of a thin plate of pure silver soldered with a silver wire to a thin piece of zinc. The silver plate is applied to the raw surface, and the zinc, with a piece of moist chamois leather underneath, to sound skin near by. It was not worn long enough to test it sufficiently.

The eyes were not injured, and have remained sound till the present time. The eyelids were torn, and the constant discharge of pus resulted in prolonged photophobia. In October, 1876, through the kindness of Dr. B. Joy Jeffries, she was admitted to the Massachusetts Charitable Eye and Ear Infirmary, and remained there two weeks. The surgeons of that institution decided that it was not advisable at that time to perform any plastic operation on the eyelids. But she entered the Massachusetts General Hospital for the third time September 22, 1877, and was operated on by Dr. Warren on the following Wednesday. A piece of skin, about one by two and a half inches, was taken from her thigh; the mucous membrane was carefully dissected down and stitched to the eyelid, and the transplanted skin attached by carbolized silk sutures. The operation, unfortunately, proved a failure, and no other attempt has been made to remedy the deformity.

One additional circumstance may be noted. After the scalp began to heal, the downy hairs (lanugo) on the back of the neck took on an

extraordinary growth, and the hair is now fourteen inches long, forming graceful curls. At present (October, 1879) the patient enjoys good health, is able to do light house-work, takes music lessons, and occasionally sings in public. The entire head, with the exception of a small space over the left eye, is covered with sound skin. The eyelids remain in much the same condition as in 1872.

One question occurs to almost every one who has seen the case: Would this large, raw surface, without a single *point d'appui*, ever have healed without grafting? I think not. An old and very skillful physician, who saw the patient, asked me, "What is to hinder it from healing in course of time?" I answered his question after the Scottish method by asking him another question: "What is to hinder you from lifting four hundred pounds?" There is a limit to the power of reproduction, as to everything else. The following case furnishes an apt illustration: Miss M. A. M., twenty years of age, met with a similar accident in Watertown, Mass., November 30, 1872, while at work in a laundry. She went into the cellar, and crept underneath the revolving shaft to get a match. Her hair was done up in a net at the time, but the greater portion of the scalp, including the left ear, was torn off instantly. Dr. Morse attended, and sewed the scalp on. Dr. Hosmer, the family physician, took charge of the case that same evening, and attended to it until June, 1877. He commenced to graft four weeks after the accident, and continued, with intervals, for nearly a year. When I saw her in June, 1877, a surface nine and one half by six inches still remained raw; she had entirely lost the sight of the left eye, and there was eversion of the upper eyelids. She suffered from an attack of erysipelas during 1874; otherwise her health when I saw her, was good; she slept well, and had a fair appetite; but, so far as I have been able to learn, the large surface still remains unhealed, and no attempt has been made to graft since 1874.

CASE III. H. L., thirty-two years of age, Winchester, Mass., was attacked with perityphlitis September 10, 1877, which resulted in gangrene of the scrotum and groin, leaving a raw surface as large as the outspread hand and wrist. The muscles were freely exposed, and a considerable part of the aponeurosis of the external oblique became sphacelated.

I commenced to apply grafts October 14th, and continued to do so weekly for a period of about four months. No record of the exact number was kept, but there must have been several hundred. Hammond's miniature battery was afterwards used in this case with advantage. The patient is now (October, 1879) well and hearty, able to do a hard day's work, and has been for more than a year.

CASE IV. J. M., Woburn, a little boy, three years of age, put one foot into a kettle of boiling water, where he allowed it to remain until

his mother lifted him out. The case had been under the care of several physicians before I saw it. After a lapse of two months, during which it was simply dressed with vaseline and kept absolutely at rest, I applied fully one hundred grafts in one day, and in less than two weeks it was entirely healed.

The size of the grafts used is about one eighth by one sixteenth of an inch. The skin of the donor is raised with a pair of fine forceps with flat ends, and cut off with sharp scissors. Curved scissors are preferable, but plain ones, with the rivet near the distal extremity, answer the purpose very well. A layer of tissue gutta percha is laid over the grafts at the close of the sitting.

RECENT PROGRESS IN DERMATOLOGY.¹

BY JAMES C. WHITE, M. D.

Treatment of Rosacea by Electrolysis. — Dr. Hardaway, of St. Louis, presented at the late meeting of the American Dermatological Association the results of his experiments with this method, which he desires should be looked upon as a provisional report² until the number of operations has increased. The obliteration of the hypertrophied vessels requires but one sitting, and leaves no scar. A number thirteen cambric needle is inserted in any convenient electrode handle, which is attached to the negative pole of a galvanic battery, while a sponge electrode is connected with the positive pole. The needle is then inserted sufficiently deep to enter the dilated vessel. So soon as this has been accomplished the patient approaches the sponge electrode (positive) to the palm of his hand, and after the electrolytic action has been properly developed he releases the same, after which the operator withdraws the needle. The number of elements employed will depend principally upon the susceptibility of the patient, and also upon the condition of the battery; but where the machine is freshly charged, six or eight elements will generally suffice. A few seconds after the introduction of the needle the point of puncture becomes quite blanched, as does also a small area of surrounding tissue; then the column of blood is seen to run up the vessel and empty itself into the collateral branches, apparently forced up by the gas arising from the decomposition of that fluid. If the vessel is a long one, and a single puncture is not sufficient, several must be made along its course. The needle may be inserted perpendicularly or along its course.

Nodose Condition of the Hair. — Dr. W. G. Smith, of Dublin, showed³

¹ Concluded from page 805.

² Archives of Dermatology, October, 1879.

³ British Med. Journal, August 23, 1879.

at the late meeting of the British Medical Association specimens of a remarkable affection of the hair. A healthy girl had sought his advice concerning an alopecia which had been progressive for four years. The hair was uniformly thinned, and presented a singular appearance. Nearly all the shorter hairs exhibited a regular succession of swellings along the shaft, each nodosity corresponding on an average to one millimetre of length of hair. No other beaded hair occurred, except a few upon the pubes. Brown pigment was deposited outside the axis in streaks, much more abundantly in the nodes; so that each hair appeared to the eye as if checked alternately brown and white. They presented no evidence of fungoid growth. From trichorexis nodosa they differed in several particulars, as stated by Dr. Smith. There was little tendency to partial fracture of the cuticle, or brush-like splitting of the cortex. The nodose hairs grew in multitudes on the scalp. When a hair was broken the fracture was usually clean, not fibrous, and occurred through a constriction, never through a node. The nodes were opaque, and constituted the darkest parts of the hair; and they were very numerous, and succeeded each other in regular order, like beads on a necklace.

[The reporter, through the kindness of Dr. Duhring, has had opportunity of examining some of the hairs from this case, and can corroborate not only the unique character of the appearances above described, but the dissimilarity to those of trichorexis barbæ.]

Treatment of Nævus by Scarification. — Mr. Morris, of London,¹ presented to the British Medical Association the notes of three cases treated by scarification, after the manner of Mr. Squire, during long periods, all of which were unsuccessful. In one case the operation had been performed one hundred and thirty times, but with no improvement; in fact, rather the reverse, in consequence of the formation of a keloid growth. In his opinion, the minute scratches healed so rapidly by first intention that the continuity of the vessels was not destroyed, and so no alteration in color could be produced.

Dr. McCall Anderson, presiding over the section of dermatology, stated that he had been struck by the reported successes in Mr. Squire's paper, and after a trial of his method had come to the same conclusion as Mr. Morris, namely, that the method was valueless in the treatment of port-wine mark.

[Similar conclusions were stated at the recent meeting of the American Dermatological Association.]

Nævus Vascularis. — According to the observation of Laboulbène,² a solution of cantharidin 0.10 in 10.0 chloroform when applied to the skin produces within half an hour a lively congestion, and in the course

¹ British Med. Journal, August 23, 1879.

² Viertelj. für Derm. und Syphilis, vi. Jahrg., page 402.

of five or six hours a blister, which continues to increase in size, but collapses on the following day. The process is attended by a slight burning, but no real pain. Applied to *nævi materni*, he found that it caused their destruction, and left, owing to its superficial action, only a very slight cicatrix.

Iodide of Starch in Lupus Erythematosus. — Dr. McCall Anderson, after remarking at the dermatological section of the British Medical Association on the obstinate way in which this affection resists internal remedies, stated¹ that he had been first induced to try the administration of iodide of starch in consequence of its succeeding in the case of another physician after all ordinary remedies had failed, and that he now regarded it as a valuable addition to our means of combating this most obstinate affection. The formula for its preparation is *iodi gr. xxiv., amyli ʒi.* Triturate the iodine with a little water, gradually adding the starch, and continuing the trituration till the compound assumes a uniform blue color, so deep as to approach to black. The iodide should be dried with a heat so gentle as to run no risk of driving off the iodine, and it ought to be kept in a well-stoppered bottle. The dose is a heaped-up teaspoonful in a draught of water or water gruel three times daily, but it may be increased to an ounce safely in some cases. In using it care must be taken, first, that the case is really *lupus erythematosus*, and not *lupus vulgaris*; and, second, that the medicine is freshly prepared in accordance with the above directions.

Treatment of Lupus. — In a second contribution² to the therapeutics of this disease, Dr. Piffard³ gives the diary of eighteen cases under treatment. In this series he experimented with gold, bromide of gold, chloride of gold and sodium, arsenious acid, bromide of arsenic, phosphorus, *hydrocotyle asiatica*, silicic acid, silicate of calcium, and arseniate of calcium, given internally. Under the use of some of these the patient's health was benefited and the appearance of the lesions improved. His conclusions are that when excision is impracticable, scraping followed by the actual cautery is the least painful of the radical operations that have been proposed, and cicatrization is most rapid. The resulting cicatrix is smooth and less disfiguring than that which follows spontaneous involution or the potential caustics. The success of the operation depends upon the thoroughness with which it is performed. If a relapse occurs *in situ*, it may be expected within three months at the latest.

Salicylic Acid in Lupus. — Ameglio reports⁴ the results of the use of a solution of this substance in glycerine (6-20) in a case of lupus of the face of five years' standing after all remedies had been tried in vain.

¹ British Med. Journal, August 1879.

² JOURNAL, December 13, 1877.

³ The Medical Record, April 5, 1879.

⁴ Memorabillen, 3 Heft, 1879.

It was painted upon the parts three times daily. After a few days the bleeding vegetations disappeared, the ulcerating surfaces became dry and assumed a favorable appearance, and perfect cicatrization ensued in a month.

Leprosy in Louisiana. — Dr. Salomon, of New Orleans, having been appointed by the State Medical Society to make a report upon the existence of this disease in Louisiana, contributed¹ the results of his investigations to the last meeting of the society. He finds that six cases have occurred in Vermillion Parish since 1866. The first case was an old lady whose father came from the south of France. She was the mother of six children. Of these, three have become lepers between the years 1871 and 1872. The fifth case showed itself in 1876 in a nephew of the same woman, and the sixth in a young woman who was in constant attendance upon her. Seven cases have also been discovered in New Orleans, all, with one exception, of the tubercular variety.

In a letter received by the reporter from Dr. Salomon since the publication of the above, he writes that he has since learned of several additional cases in other parishes of the State, making in all twenty-one, of which five are negroes, the remainder being whites of various extraction. Some of them were of the anæsthetic type. He had heard of no cases among the Chinese within the State.

Leprosy in the Sandwich Islands. — Dr. G. W. Woods, U. S. N., contributes to the last volume² of the Hygienic and Medical Reports of the Navy Department a highly valuable paper upon the history and present condition of leprosy in the Hawaiian Islands, from which we collate the following points of interest: The date of its introduction coinciding with the beginning of Coolie immigration, the subsequent propagation was remarkably rapid, and its spread has been attributed by resident physicians to many circumstances combined: Firstly, a wide-spread syphilitic or scrofulous cachexia, or a debilitated constitution, rendering the race susceptible to the new disease. Secondly, promiscuous and compulsory vaccination during several epidemics of small-pox, in which it was impossible to obtain vaccine virus of desired purity. Thirdly, the notoriously licentious habits of the common people. Fourthly, the absence of all fear or disgust of the disease, which affords no bar to ordinary association, cohabitation, or marriage. Fifthly, the social habits of the people, namely, large families crowded together in small huts, and sharing the same mats and blankets; the eating of *poi* with their fingers, all seated around and helping themselves from the same calabash; the drinking of *ava* in the Hawaiian manner; passing the pipe from mouth to mouth, — a common custom and evidence of

¹ Proceedings of the Louisiana State Medical Society, 1879.
Volume iv., 1879.

hospitality. Sixthly, hereditary transmission. In respect to the influence of inheritance in its dissemination, it is stated that the female lepers are generally barren, only two births being reported during the first five years after the establishment of the leper settlement. Where both parents are lepers the almost inevitable result is sterility. Dr. Woods accepts as satisfactorily demonstrated the universal belief of the local profession in the contagiousness or inoculability of the disease. It requires, he believes; an absolute inoculation of pus or blood into the circulation through open vessels or abraded surfaces, with a cachectic condition favoring the action of the virus. The first recognized case was that of Ahia, who lived a short distance from Honolulu, and eight years later his neighbors and friends to a large number were found to be affected; and in other instances its dissemination in remote districts has been traced to individual sources of contagion. Among the lepers on Molokai the great majority point to some association with lepers as the source of their infection, saying in reply to questions, "I married a leper woman;" "My nurse was a leper;" "I lived in the house with a brother-in-law who was a leper;" "I was a prostitute, and cohabited with lepers;" "I lived five months in the house with a leper;" "I used to visit, and both eat and smoke with, lepers." In cases of immunity from contraction of leprosy in the relation of marriage or prolonged cohabitation, it is assumed that the conditions of an abraded surface and the contact of pus or blood with an absorbing surface have never taken place. Dr. Trousseau thinks that the material of contagion is pus or blood transferred through the customs above mentioned, and states that he has seen many families in which every member had become affected with syphilis through a single case of onychia, the infection being traceable to the calabash of *poi*. The description given of the secluded leper settlement on Molokai is exceedingly interesting. The lepers are cared for in the most humane manner, and are comparatively comfortable and happy in spite of their horrible physical condition. The island is a perfect natural sanitarium. It is under the control of an efficient board of health, and has for a resident governor a talented lawyer who voluntarily exiled himself thither on discovering himself to be a leper. He declares that all who doubt that the disease is contagious are dreamers, and that any one who would be willing to return to his home and spread the foul contagion among his friends and countrymen is worse than a traitor to the Hawaiian nation.

Peruvian Balsam in Pruritus—Dr. Auerbach, of Berlin, reports¹ two cases of chronic pruritus in which great and immediate relief was obtained by the external use of this substance. In one of them the patient, an old man, had suffered constantly for four years, and had consulted numerous physicians in Germany, France, and Italy without

¹ Deutsche medizinische Wochenschrift, August 23, 1879.

permanent benefit. After the inunction of the balsam for a few nights the itching disappeared entirely, and had not returned after several weeks. Dr. Auerbach was led to make use of it on account of its soothing action upon the skin in scabies, for which it was originally introduced into cutaneous therapeutics. He uses it unmixed with lard or other diluents.

Tinea Imbricata. — Dr. Patrick Manson publishes¹ a description of a parasitic affection of the skin which he regards as distinct from ordinary ringworm (*tinea trichophytina*), both in its clinical features and in the characters of the epiphytic growth. It occurs chiefly in the Straits of Malacca and islands of the Malay Archipelago. The disease will in time spread over the whole surface of the body, avoiding generally the parts covered with hair. The appearances are thus described: The surface of the epidermis is arranged in a series of wavy lines, lying parallel to each other, and having a more or less concentric arrangement in relation to an imaginary point, resembling the ringed appearance in a cross-cut log of wood. This effect is produced by an undermining of epidermis, giving rise to long flakes, about an eighth of an inch in breadth, the free edge of the scale being directed towards the centre of the circle, the convexity remaining still firmly attached. The scale is adherent at its outer edge, but by a little force it can be peeled off, two or more inches in length of the epidermis being in this way separated in an unbroken ribbon. The rings are about an eighth to a quarter of an inch apart, being quite regular in outline for five or six inches, or interrupted at intervals or irregularly convoluted. These appearances are well illustrated by accompanying photographs. Leucodermic patches are sometimes left in places where the disease has been longest in existence. The microscopic appearances of the fungus differ, according to Dr. Manson, materially from those in *tinea trichophytina*. The conidia are arranged in chains crossing one another in an elaborate net-work, while the mycelium is generally longer and straighter, with fewer irregularities than in the latter. The position of this more abundant growth seems to be more superficial than in ordinary ringworm. Several inoculations of the disease reproduced this variety uniformly. After an incubation period of nine days a brown mass is seen, which spreads into a brown scaly ring. When this has attained the diameter of half an inch, a brown patch again appears in the centre, and thus the disease spreads outwards in the form of numerous concentric rings until other systems of rings are encountered, and the peculiar wavy appearances above mentioned are produced. The author considers this as occupying an intermediate place, so far as its position in the cutaneous tissues and appearances are concerned, between *tinea versicolor* and *tinea trichophytina*.

¹ Notes on *Tinea Imbricata*. 4to.

Cysticercus Bladders under the Skin.—Dr. Guttman has observed this occurrence now in four cases within the past two years. In the last instance exhibited to the Berlin Medical Society¹ the patient presented over one hundred bladders, distributed mostly over the upper half of the body, and most thickly upon the chest and upper arms. There were very few upon the head, abdomen, and thighs, and none upon the fore-arms. They lie immediately under the skin, which is perfectly normal, in the subcutaneous tissue. They have an oblong, oval, or roundish form, vary in size from a bean to a hazel-nut, and present an entirely smooth surface. They are painless on pressure, have a firmly elastic consistence, are slightly movable under the skin, and above the largest the skin is prominent. The tumors were discovered by the patient's wife less than a year ago, and since then have not increased in size or number, so that their period of growth is undoubtedly finished. This agrees with the results obtained by feeding *tænia proglottides* to animals, the cysticerci obtaining their full development within six months. There had been no brain symptoms, but complete amaurosis of one eye, dating back to the discovery of the subcutaneous cysts. Examination for intraocular cysticercus was prevented by the existence of cataract. Extirpation of one of the tumors revealed the presence of the animal within the cyst.

In another case, reported by Schiff,² with the appearance of the subcutaneous cysts epileptiform convulsions occurred, which continued at intervals for nine months, and then ceased. These were regarded as characteristic symptoms of cysticerci of the brain. Although the patient confessed to having eaten raw beef, this would not explain the presence of cysticerci of *tænia solium*, because those of *tænia mediocanellata* alone are found in beef.

A Tubular Rubber Bandage.—Dr. Fox, of New York, exhibited at the recent meeting of the Dermatological Association an elastic tubular bandage which he had found preferable in many respects to the ordinary rubber bandage in the treatment of eczema and ulcers of the leg. Its advantages over the latter form he expresses³ as follows: (1.) Its lightness. The thin, tubular bandage is scarcely felt by the patient wearing it, and is far less likely to irritate the skin than the other form. (2.) The equable pressure it exerts. (3.) The saving of time and trouble. In most cases it is not necessary to remove the bandage in order to cleanse the affected part; it can easily be rolled up or down. (4.) Its cheapness, on account of the small amount of rubber used in its construction. The diameter of the tube is to be chosen with reference to the size of the part to be covered. As a rule, the lighter the

¹ Medizinisch-chirurgische Rundschau, August, 1879.

² Viertelj. für Derm. und Syph., vi. Jahrg., page 275.

³ Archives of Dermatology, October, 1879.

better and cheaper. When forcible pressure was required a heavy bandage was necessary. In applying it to the leg it is best to oil the part first.

THE PUBLIC HEALTH ASSOCIATION.

FOURTH DAY.

DR. R. G. JENNINGS, of Little Rock, read a paper on Quarantine and its Results in the State of Arkansas. This was followed by a report from Dr. D. C. Holliday, of New Orleans, for the committee of the New Orleans Medical and Surgical Association on subjects submitted by the executive committee of the American Public Health Association. The following are some of the views therein expressed. He says: "We do not believe that yellow fever is *contagious*, communicated from body to body, but that the cause, whatever it may be, spreads through the atmosphere, and that a certain amount of the poison in this medium is necessary for its manifestation. That its spread is not by diffusion, otherwise it would grow less and less in intensity, but that it is capable of multiplying in some way, as yet unknown to us, thereby increasing the intensity of its infection. That this atmospheric infection tendency, while greatly due to, is not wholly dependent upon, heat and moisture, but that the presence of decomposing organic material and the gases arising therefrom enters largely as a factor, if not in its production, at least in its spread, and that cleanliness of person and surroundings will go far towards preventing its spread, if not securing its entire eradication. The removal of the unacclimated from the place of infection is a measure of wisdom, and would save many lives. The presence of the disease and its disposition to spread, as manifested in the successive attacks of several members of the same household or adjoining households, should be the signal for a general removal of the unacclimated, for the rapidity of its spread is evidence of its intensity. When the disease has progressed to such an extent as to render a place *dangerously infected*, within the meaning of the term as employed by the National Board of Health, we would recommend the removal of all persons liable to infection, and regulate intercourse so as by all possible means to prevent the ingress of unacclimated persons.

Dr. John F. Cameron gave his views on Camps and Depopulation at Memphis in 1878-79: The government readily responded to a call for one thousand A tents, and upon their arrival, August 15th, Camp Jo Williams was established four and a half miles south of the city, on the line of the Mississippi and Tennessee railroad. The site was selected for its isolated location, altitude, shade, ample springs of superior soft water, perfect drainage, and accessibility to rail communication. The sole fault in the selection of the grounds, both in 1878 and 1879, was their proximity to the city, which rendered it impossible to prevent visitation to and from the infected districts, despite rigid rules, expulsion from camps, arrest by quarantine picket, etc. The inhabitants entered the jaws of almost certain death rather than forego the pleasure of a drunken debauch, plunder, or the like. In 1879 this was in a measure obviated, as parties were arrested for violating the state quarantine

law, placed in jail, or summarily dealt with. This deterred many from absenting themselves from camps, and rendered isolation more complete. The camps were laid out on three swells of ground, stretching one half mile. The tents were pitched along the crests and in regular order, many in avenues facing each other, and along the edges of slopes, whose crests ranged from thirty to one hundred and fifty feet in width. These A tents were pitched five feet apart, and numbered as are streets. In 1878 the Camp Williams broke up on October 31st. Average number of people drawing rations from Camp Marks, thirteen hundred and four; number of yellow fever cases fatal, nine; average length of illness, —; number of deaths from yellow fever, four percentage. The camp broke up October 28, 1879; all hospital furniture, bedding, etc., was burned; the building was fumigated, torn down, and sold on the ground. Two of the population were taken ill of the fever after their return to the city; both died. The general health of the camps was good; a low temperature prevailed, together with considerable damp, cloudy, and rainy weather. This, in the earlier settlement, might have produced disorders common to camp life, but a few weeks' acclimation, during a period of dry and pleasant weather, hardened the system, and fitted old and young for the inclement weather which followed. A city may be depopulated in this manner at the rate of one thousand per day.

Dr. A. N. Bell, of Brooklyn, made a few remarks on Steamboat Inspection.

THE NATIONAL BOARD OF HEALTH.

Dr. Folsom said that he had been directed by the advisory committee to offer the following preamble and resolutions:—

Whereas, the National Board of Health has, in accordance with the law which created it, requested the advice of the American Public Health Association regarding the form of a permanent national health organization of the United States, including its relations to quarantine, both maritime and inland; and,

Whereas, the opinions of the advisory council of the association, upon the subject of health legislation, collected and presented to this body through Dr. J. M. Toner, chairman of the council, have been duly considered; therefore,

(1.) *Resolved*, That, in the opinion of the American Public Health Association, the present National Board of Health has been of such vast service to the country that it is not expedient to make any essential change in its organization, and that any minor improvement in details should be left to the board itself.

(2.) That the investigations which have been commenced by the board are approved, and should be continued, and that similar investigations should be undertaken by it into the consideration and prevention of other diseases as well as yellow fever.

(3.) That Congress should appropriate sufficient funds to enable the board to employ the best talent and apparatus in such scientific and practical inquiries.

(4.) That the operation of the existing quarantine law, and of the rules and regulations prepared by the National Board of Health on that subject, have accomplished great good, and that no change in the law should be made without the most careful and serious consideration.

(5.) That in the opinion of this association the national quarantine should be under the direction of the National Board of Health and of an executive committee, to be selected by that body.

(6.) That this association has no suggestions to make with reference to any amendments to existing legislation in regard to quarantine, preferring that they should come from the National Board of Health, as the most competent body to advise whatever may be best.

(7.) That it is expedient for the National Board of Health to call an international congress for the discussion of the very important subjects of international sanitary quarantine, etc.

(8.) That it is the duty of the general government to build, equip, and conduct, at the mouth of the Mississippi River, a quarantine station at such a place as may be designated by the National Board of Health.

(9.) That the secretary of this association be instructed to forward to the National Board of Health a certified copy of these resolutions, together with the reports and documents of the advisory council; and that the executive committee be instructed to take such action, during the next session of Congress, as may seem best suited to promote legislation in accordance with these resolutions.

Dr. Folsom also read the following resolutions, but said that, as the points contained in them were included in those of the advisory committee, they were not recommended for adoption:—

By Judge J. W. Clapp, of Memphis: Whereas, the appearance of yellow fever as an epidemic in Memphis, Tenn., during the last two summers has created an apprehension that the ill-fated city may continue to be visited by this scourge, the effects of which extend far beyond the infected locality and assume national importance, not only as regards the public health and safety, but as affecting our inter-state commercial relations; therefore,

Resolved, That this association recognizes the fact that the sweeping epidemics which have occurred in Memphis during the past two summers have been of such a character that they are no longer local in their bearings, but *national*; therefore, the early consideration of measures looking to the prevention of similar epidemics at that point is respectfully urged upon Congress.

By Dr. Gibbs, United States navy: Be it resolved by the American Public Health Association, that it shall be the duty of the National Board of Health to designate, for the information of the president of the United States, such foreign ports as shall, by said board, be deemed infected, in the sense that all vessels, arriving from the same into the sea-ports of the United States, shall be subject to quarantine laws. The previous sanitary history of said foreign ports, based upon consular and other information, shall be considered by the National Board of Health in designating such infected ports or localities.

Be it further resolved, that it shall be the duty of the president of the United States, upon being so advised by the National Board of Health, to cause a general proclamation to issue, in which a list of such ports and localities shall be declared infected in their commercial relations with the sea-ports of the United States for a period of six months, namely, from the first day of May until the first day of November.

YELLOW FEVER IN NEW ORLEANS IN 1879.

Dr. S. S. Herrick gave a statement of the cases of fever in New Orleans in the summer of 1879. The cases were only forty-one in all, to which number should probably be added seven cases which occurred earlier, beginning June 16th, and between that time and July 3d, so mild in type as not to be recognized as yellow fever until they were found to be connected with cases occurring later. A case occurred as early as the 26th of March, on the steamer Baltimore. This case was treated at the quarantine hospital, and had no possible connection with the subsequent fever in the city.

At the outbreak of the fever at Mississippi City, the first case was that of a servant girl who had been employed in the Stout family, where were a number of the cases above mentioned. Four or five other cases followed this in quick succession.

The next case occurred on the 22d of July, followed by a fatal case on the 24th. Eight or ten cases followed, all in the neighborhood of the residence of the Stout family. At this time there was a cessation until the 10th of August, when there was a case in the fourth district, a point nearly two miles distant. This was a young man who had been employed in the work of disinfection in the infected district. Several cases occurred in the next twelve days, all in the same fourth district. There seemed to be then but two foci of disease. Two or three other cases were at points in the rear of the fourth district, but these were clearly traceable to exposure in the same region. A case also occurred in the rear of the first district, which resulted fatally, and which was not traceable to any known cause.

ENFORCEMENT OF QUARANTINE.

Dr. Samuel H. Choppin, of New Orleans, discussing the report of the committee of the New Orleans Medical and Surgical Association, said that no quarantine could be effective on account of the laxity in the execution of the laws and the opposition of commercial interests. The yellow fever was thus carried to New Orleans, and it was thus carried to Memphis.

Dr. Lloyd Howard, of Baltimore, referring to the difficulty of enforcing quarantine, said there were so many ways of spreading the infection that this difficulty could be easily accounted for. He mentioned sleeping-cars as an instance of this.

THE ADVISORY COMMITTEE.

The president announced the appointment of the following advisory committee:—

Alabama, R. D. Webb; California, Dr. Henry Gibbons; Florida, Hon. S. C. Cobb, Pensacola; Georgia, Dr. H. F. Campbell; Illinois, Dr. J. H. Rauch; Indiana, Dr. J. F. Hibberd; Mississippi, Dr. Wirt Johnston; Louisiana, Dr. D. C. Holliday; Maryland, Dr. James A. Stewart; Massachusetts, Dr. Azel Ames; Pennsylvania, Dr. Henry Hartshorne; Ohio, Dr. T. C. Minor; Missouri, Dr. Homan, St. Louis; Rhode Island, Dr. E. M. Snow; Tennessee, Judge J. W. Clapp; Virginia, Dr. L. S. Joynes; Michigan, Dr. H. B. Baker; West Virginia, Dr. James E. Reeves; District of Columbia, Dr. Toner; New York, Dr. Elisha Harris; North Carolina, Dr. J. F. Wood;

South Carolina, Dr. C. W. Chamberlain; New Hampshire, Dr. L. F. Conn; Vermont, Dr. H. D. Holtar; Texas, Dr. Rutherford; Wisconsin, Dr. E. L. Griffin; Minnesota, Dr. C. N. Hewitt; New Jersey, Hon. L. Lilly; Arkansas, Dr. A. L. Breysacker; Kentucky, Dr. Pinckney Thompson; Delaware, Dr. Bush; United States Army, Dr. McParlin; United States Navy, Dr. B. F. Gibbs; National Board, Dr. Stephen Smith; Commissioner of Education, General Eaton.

CONFLICTING THEORIES OF QUARANTINE.

Dr. Billings remarked that to depend solely on quarantine or municipal sanitation would be unsatisfactory. They had yet agreed on nothing, and it behooved them, in the few hours that remained, to agree on some plan as representing their ideas on quarantine.

Hon. S. C. Cobb, of Pensacola, said that, as a business man, he desired to know what practical thing it is proposed to do in this matter of quarantine. If we wait until an agreement between the conflicting theories of the doctors, nothing will be done. How will you prevent the importation of yellow fever? He would answer, By an effective and *intelligent* quarantine.

The National Board of Health cannot enforce their regulations at the ports from whence infected vessels come; the danger must be met and combated at our own doors. Detention of vessels at quarantine varies from four to forty days in different parts of the country. How much time is necessary? What we want is to hold them long enough to effect the object of purification, but not an hour longer.

During the last summer twenty-two ships arrived at Pensacola from Rio, three of them having cases of fever on board. The board of health found it sufficient to discharge cargo and ballast, thoroughly disinfect and fumigate and then permit the vessel to load and depart; but of ninety-two vessels arriving from West Indian and South American ports none were detained more than twenty-four hours. No fever has prevailed in Pensacola this year, nor in any year in which these precautions were observed.

In their intercourse with New Orleans, restrictions were made as light as possible. Groceries and metals and similar articles were admitted without any hindrance; with regard to clothing, dry goods, etc., restrictions were made rigid.

The question should be settled whether there should be certain designated ports, at which all vessels from infected ports should be required to enter, such ports having a uniform code of quarantine rules, or whether they should be allowed to enter any port at pleasure, such ports having different systems of quarantine.

Dr. A. N. Bell, of New York, thought that quarantine regulations should bear with as much force on the prevention of the spread of disease as against its introduction or exportation. He had never heard of any disease being epidemic on a clean ship. He favored thorough disinfection and perfect cleanliness on all ships leaving ports where yellow fever existed or was suspected, and inspection at frequent stages of their journey. He believed that disinfection was effective, if done thoroughly, and burning sulphur was the most effectual way. Any vessel in a filthy condition, whether she has disease on

board or not, and regardless of the port of her departure, should be considered as having a gross bill of health, and be treated accordingly.

POWERS OF THE NATIONAL BOARD OF HEALTH.

A paper from Gustavus Devron, of New Orleans, was read by the secretary. He approves of the establishment of the National Board of Health, which he thinks should have exclusive control of the national quarantine, the state boards of health being left to get up statistics, and to enforce the rules and regulations that might be promulgated by the National Board.

Dr. J. P. Dake, of Nashville, spoke in favor of isolation. Amongst other statements he said :—

"Soon after the disappearance of the epidemic of last year, I was in the city of Vicksburg endeavoring to learn something of the character and habits of the disease, and while on top of the court-house viewing the field of the epidemic, an old citizen, pointing to the jail below us, with its brick wall and but one door or entrance, remarked that, notwithstanding the fever had been in nearly every house around that institution, *not one case had occurred among its inmates*. I was told the number of inmates, but cannot now recollect it.

"Soon after, while in the city of Memphis, being shown over the track pursued by the epidemic there, I was told that for some weeks after the appearance of the fever, and while cases were in the immediate neighborhood of the jail, not a case occurred among the inmates of that institution, till at last a culprit was admitted having the fever at the time of his admission.

"These, Mr. President and gentlemen, are significant facts. They teach most unmistakably *the value of isolation*."

STATE RIGHTS AND A NATIONAL QUARANTINE.

Hon. E. E. James, of Chattanooga, addressed the association as follows :—

"Mr. President and gentlemen of the association : I have been listening with a great deal of pleasure for the last few days to the reading of many very learned and erudite papers and speeches from eminent gentlemen upon the subject of epidemic diseases, and have been greatly instructed thereby. And from the conflicting opinions of the many gentlemen so distinguished in medical and sanitary science I have been convinced that yellow fever is epidemic, exotic and indigenous, foreign and domestic, climatic and anti-climatic, national and international. And, so believing, I am in favor of that government having the greatest power and longest purse taking charge of the great work of the control of epidemic diseases. The constitution of the United States says :—

"'The Congress shall have power to regulate commerce with foreign nations and with the several States.'

"The constitution confers no power to make sanitary regulations of any kind, and yet the power to coöperate with foreign nations ; to make general regulations applicable to foreign commerce, in all its ramifications, for the preservation of public health and commerce, prevention and spread of disease ; to enter into conventions with foreign nations, to establish commissions of inquiry for that purpose, is admitted. The power grows out of the fact that it is a power incident to and necessary to the general powers granted. It is the power to repress or to prevent that which materially interferes with and may destroy

commerce. The same power necessarily flows from the power to regulate commerce between the States. Epidemics are of themselves destructive of almost all commercial intercourse. The object is general, and therefore one properly within the sphere of the federal government. The only question then is whether or not it has been granted. It is as clearly inferable and as clearly incident to the power to regulate commerce between the States as the power to provide sanitary regulations for the foreign commerce is incident to and inferable from the grant of power to regulate commerce between the United States and foreign nations.

"In the epidemic of 1878, when the people of the country did not understand the disease any better than the physicians (laughter), they got scared and fell back on the barbarian's right of self-defense, and refused the privilege of establishing a camp two miles out from Chattanooga, on the high lands. A camp was established, however, and that night citizens with shot-guns went over and burned it down, and swore one should never be established there. The camp was near the Georgia line, and men with shot-guns walked over from Georgia and crushed out Tennessee sovereignty. Another camp was established, and the right of eminent domain maintained over that camp by shot-guns. (Laughter and applause.) In the case of an epidemic there must be some central power which will be respected and can enforce its mandates. But when the matter is left to some 'Jigadler Brindles' or cross-roads magistrates, public health cannot be maintained. He knew the reason why the railroads hated to ask Congress for a national quarantine. If they had done so it would be said, 'Ah, you are agin state rights; you are agin the legislater, and we'll restrict your trade and travel, and ruin and bankrupt you.' Now, he came up there to ask men who did n't own railroads to any considerable extent, he presumed (laughter and applause), to do that which would promote the public health. He was a democrat, and that was why he belonged to this association. (Laughter.) He was opposed to Uriah Halstead spelling nation with a big N, and he was still further opposed to spelling State with a big S, if epidemics were to run riot over the land."

Dr. Jerome Cochrane, of Mobile, approved the resolution in general, though some of its expressions needed modifying. The National Board of Health had the right to quarantine against foreign ports, or to prevent the carrying of the fever from one State to another, but no right to lift a finger to prevent the fever from being carried from one part of the State to another. Their measures were all supplementary.

Dr. O. R. Early, of Columbus, Ky., offered the following resolutions:—

Whereas, there being a diversity of opinion as to the cause of yellow fever in this country, at the same time the large majority acknowledge that its development is dependent upon a foreign spore or *fomes*; hence we all recognize the necessity of keeping at a distance this fecundating or germinating agent, and we know of no more efficient agent or action to effect this; therefore,

Resolved, That this association earnestly and respectfully ask the National Board of Health to establish, at the proper time, an efficient, systematic, and judicious quarantine at all ports of entry or approaches to this country.

Resolved, That the National Board of Health be also requested, if it be in their power, either as an organized body or through Congress, to forbid, by

law enacted for this purpose, vessels being freed from their bilge-water within the jurisdiction of this country, unless it be absolutely a necessity to preserve the crew and ship from destruction.

Resolved, That the National Board of Health be also requested to place upon all the avenues of approach to this country medical men as sentinels, who are fearless enough to discard private interest in the performance of their public duty when the former clashes with the public safety.

As an evidence that yellow fever was sometimes carried by *the person*, and not necessarily by his effects, Dr. Early mentioned the case of a man who left Vicksburg, where fever was prevailing, for Jacksonport, Miss., leaving his baggage to be forwarded by a different route. Nine days after he was attacked by fever. He was stopping at a house where a large number of ministers were stopping, together with their families and servants, none of whom took the disease.

A report from a committee appointed at the meeting of the association at Richmond, last year, to collect and distribute money for the relief of the widows and orphans of physicians who died during the epidemic having been called for, Dr. Hewitt, of Minnesota, chairman of the committee, reported that no action had been taken by the committee, because no cases requiring relief had been brought to their notice, and also because it was understood that Dr. Peters, of New York, had collected a considerable amount of money, which he was using for that purpose.

After some further hearing the association adjourned.

The American Public Health Association was organized at Long Branch, in September, 1872, and Dr. Stephen Smith, of Washington, D. C., was elected president. A meeting of the association was held in May, 1873, in Cincinnati, and in October of the same year in New York city. Dr. Smith continued as president until 1874, when the association met in Philadelphia, and Dr. Toner, of Washington, was elected. Dr. Snow, of Providence, R. I., was elected in Chicago, in 1875; Dr. J. H. Rauch, of Chicago, at Boston, in 1876; Dr. Elisha Harris, of New York, at Chicago, in 1877; Dr. J. L. Cabell, of the University of Virginia, at Richmond, in 1878; and Dr. J. S. Billings, U. S. A., at the present meeting of the association.

THE MEETINGS OF THE PUBLIC HEALTH ASSOCIATION AND OF THE NATIONAL BOARD OF HEALTH AT NASH- VILLE.

THE outbreak of yellow fever in the summer of 1878, and the appointment of a commission of investigation by the president, at whose head was the late surgeon-general of the marine hospital service, lent an additional interest to the last annual meeting of the Public Health Association at Richmond. Since then the year has been an eventful one, as far as the public health is concerned. The discussions at Richmond and the report of the first commission of investigation, in regard to which a pretty general feeling of disappointment was expressed at the time, were followed, upon the meeting of Congress, by a rapid succession of bills, some very bad and some pretty good, for the

creation of a national board or department of health; by the final passage of one of these as an act establishing a temporary board, the members of which were to be named by the president; by the appointment of a second investigating committee of *experts*, whose report was also received with considerable dis-appointment, except on the part of those who expected little; by the organiza-tion of the temporary board, with its subsequent efforts to carry into effect the suggestions made to it by Congress without exceeding the powers and resources granted; by the outbreak of yellow fever in Memphis again this summer, and the successful attempt of the National Board, coöperating with and directing state and municipal boards, to confine the epidemic within certain limits.

We have endeavored to keep our readers as fully informed as possible of these events as they succeeded each other, by means of reports, letters, and leading articles, and we believe a very fair retrospect of questions touching public health during the past year may be obtained from the pages of the JOURNAL. Continuing this policy, we offer in the last and the present issues a paper read before the Public Health Association by the president of the Memphis Board of Health on the late epidemic of yellow fever in that city, a very full report of the meeting of the association at Nashville, and a letter from a correspondent criticising pretty sharply the transactions of the associa-tion, as well as the composition, methods, and achievements of the present National Board of Health.

The proceedings of the association we do not find any more inspiring than usual, and are disposed to think its president would have done well to omit from his address any favorable mention of the Gamgee refrigeration scheme, which the board wisely refused to recommend last winter.

Questions of sanitation, like others, may have two sides, and where congres-sional legislation is concerned there is not rarely an unwritten history. When practicable we wish to offer our readers material for forming their own opinions. A department or board of public health was necessary, and sooner or later in-evitable. We know it is thought by some, whose opinions we are accustomed to regard with much consideration, that events and perhaps individual eager-ness forced legislation upon the country before it was quite ready for it or knew what it wanted. Congressional legislation last winter was perhaps some-what hasty, though not nearly so much so as it at one moment threatened to be, and the result has to our mind been quite as satisfactory as any reasonable person could have hoped. It is to be regretted that public hygiene should neces-sarily have been identified in the public mind so exclusively with quarantine and the suppression of yellow fever. Too much has been expected, and in too short a time, and authorities have perhaps hoped to do too much in too short a time. This has caused some reactionary disappointment here and there, which a little reflection will dissipate. Some slight mistakes may have been made, but a great deal of good work, very good work, has been done, and this we believe is recognized at the South, where they have been benefited by it. A year ago it was hard to find a Southerner who would admit that any place was filthy, or that it made any difference if it were, and protection was synony-mous with a strict quarantine of non-intercourse. Opinions have changed very much on these as on other points since. It is inevitable that the work of an unpaid non-resident board should devolve largely on one man, and it is

necessary that such a man should have the confidence of the country, of the profession, and of Congress. We have never seen any reason to regret the refusal of the congressional committee last winter to report the Lamar bill, and we have not as yet heard of any probable change in the present character of the National Board which would be likely to result in an improvement. The subject is soon to be presented to Congress, and there will be occasion to refer to it again.

SHALL LYNN ESTABLISH A BOARD OF HEALTH?

At the approaching municipal election, the citizens of Lynn are to vote for the second time upon the acceptance of Chapter 133 of the acts of the legislature of 1877, a statute which provides for the establishment of independent boards of health in the cities of Massachusetts. In 1877, Lynn, in common with Fitchburg, Gloucester, Newton, and Chelsea, rejected the law; it was adopted in Cambridge, Lowell, Worcester, New Bedford, Newburyport, Lawrence, Somerville, and Fall River. No vote on it was taken in Haverhill, Holyoke, Salem, Springfield, and Taunton. We hope the citizens of that busy place will take a different view of what is for their welfare now.

An adoption of the law, they would unquestionably find, would add greatly to health, and consequently to wealth and happiness in the long run, although it may be difficult to persuade the superficial observer of the greater economy of any change in the present administration, when he tells you that the expenditures of the board of health, which at present consists of the board of aldermen, for the year 1875 were only \$47.59! And Lynn is a city of 32,600 inhabitants.

We have received a special appeal to the citizens of Lynn, in regard to this subject, issued by the Sanitary Association of that place, under the title of Sanitary Tract, No. 2. We hope this admirable little paper will be widely circulated and read among those whom it so nearly concerns, and that those whom its necessary brevity does not convince may be induced to consult the very excellent and careful report of Dr. T. G. Tinkham, on the Sanitary Condition of Lynn, which was published in the report of the State Board of Health for 1877.

From this report, we learn that the mean death-rate of Lynn, for twenty-five years, from 1851 to 1875, inclusive, was 19.1. There were five cities in Massachusetts of more than 20,000 inhabitants having a lower death-rate, and six with a somewhat higher death-rate.

We wish we had room to quote more fully from this report in this connection, but must at least give the author's summary of the most pressing sanitary needs of Lynn, which are: (1.) More attention to soil drainage. (2.) An improvement in the public water supply. (3.) A better system of sewerage. (4.) An improved method of disposing of night-soil and the contents of cess-pools. (5.) A better system of removing garbage. (6.) More attention to the subject of ventilation. (7.) A more effectual plan for limiting the spread of certain zymotic diseases. And (8) the most urgent need of all, the establishment of an independent board of health. These improvements would certainly involve expense, nor could they all be undertaken and carried through at once.

But any necessary outlay for these objects would surely return interest an hundredfold. We know of no city in this commonwealth which, having established an independent board, has found reason to regret it.

WOMEN AND THE MEDICAL SOCIETY.

THE question of the admission of women to the Medical Society appears to be assuming a new and important phase. We understand that the censors of the Suffolk District, who act also for the society at large, have such grave doubts of the legality of the action of the council that they have presented a communication to that body. We are not informed of the precise nature of the points raised, but we can easily imagine that the censors feel themselves in a responsible and delicate position. If they believe that they have no right to examine women, they certainly would be false to their trust by doing so; on the other hand, if they unreasonably refuse to examine any properly qualified applicant, every censor is liable to a fine of four hundred dollars for every such case. We hope the council will give the matter prompt and serious attention. The question at issue is not whether it is desirable that women should be admitted, but whether or not there has been inaccurate legislation. All must unite in wishing this question treated so carefully that there can be no doubt as to its final settlement.

MEDICAL NOTES.

—The annual report of the surgeon-general calls attention to the increased amount of work brought to the pension office by the act of Congress passed last winter granting arrears of pension. There are at present nearly five thousand cases awaiting their turn for investigation. The second medical volume of the Medical and Surgical History of the War has been published under the direction of Surgeon J. J. Woodward. We hope to notice at an early date this valuable volume. We are glad to learn that the medical and surgical volumes of Part III., which will complete this great work, are both under way. In speaking of the surgical statistics of the war the report mentions the interesting fact that records of nearly three hundred thousand cases are now on file.

—Dr. Oliver Wendell Holmes was entertained at the Brunswick on December 5th by the publishers of the *Atlantic Monthly*, in honor of his seventieth birthday. A company more prominent in the field of literature has rarely been brought together. The names of Longfellow, Emerson, and Whittier were to be found on the list of those expected to be present, and such distinguished ladies as Mrs. Harriet Beecher Stowe and Mrs. Julia Ward Howe graced the occasion by their presence. New York was represented by Mr. Harper, the publisher, Mr. Winter, of the *Tribune*, and many of her well-known literary men. Even Ohio sent a representative in the charming authoress of *An Earnest Trifler*. Dr. Holmes's professional attainments were happily alluded to by President Eliot in one of the best speeches of the occasion. We were glad to see that the work he has done for medicine was not

lost sight of, and that his life-long service as professor of anatomy had its due recognition. The medical profession will cordially second, we feel sure, the expression of admiration and respect which were so liberally showered upon him by his younger brethren in literature.

—The thirty-fifth annual meeting of the Massachusetts Teachers' Association will be held in the Girls' High School building, West Newton Street, Boston, December 29th, 30th, and 31st. Many interesting and valuable papers will be read, and all friends of education are invited. There will be a general metric meeting at the same place December 29th, at two P. M.

—The McHenry Medical College in Nashville, Tennessee, has recently issued its fourth annual announcement. The standard of this school is quite high, its course being three years in length and graded in its arrangement. But what makes it especially interesting is the fact that it is devoted exclusively to colored students. Graduates, it is said, are meeting with excellent success, and since colored physicians are needed in the South by their own race the school undoubtedly will continue to prosper.

—The approaching new year already casts its shadow before in the form of the first of the usual new batch of medical journals. The *Chicago Medical Gazette* is a bimonthly periodical, and has an enterprising appearance. We can hardly accord to it the greeting "that the want has been long felt," as we have always thought our Western sister pretty well off in respect to medical literature.

NEW YORK.

—Negotiations are now on foot to bring about a consolidation of the Medical Journal Association with the Academy of Medicine. It will perhaps be remembered that about a year ago an attempt in this direction failed, but there seems to be little doubt that this desirable consummation will now at length be successfully accomplished. At the last meeting of the board of trustees of the Academy, a committee, consisting of the president and secretary of the board, was appointed, with power to settle the terms of the union on the basis of some propositions lately discussed between the officers of the two societies, namely: First, the initiation fee and dues for the first year to be remitted to those members of the Journal Association who are eligible and shall be elected Fellows of the Academy of Medicine, and those who are not eligible by reason of time only to have the same privilege when they become eligible. Second, if thought necessary for the success of the proposed union, the dues of those members of the association who are already Fellows of the Academy to be remitted for one year, provided they present a written claim for this remission, as a consideration for their share in the books, journals, and surplus funds of the Medical Journal Association. Third, journals to be taken out under the same rules as have governed the Journal Association in this matter, so soon as the by-laws of the Academy can be altered to permit this.

—The annual meeting of the St. John's Guild was held November 18th, with the new master, the Rev. John W. Kramer, presiding. The treasurer's report showed that \$23,481.68 had been received during the year, and \$17,523.47 expended, leaving a balance in the treasury of \$9958.21. Last summer the floating hospital made thirty-five trips, upon which it took out 27,818

children and mothers, who were supplied gratuitously with food and medical attendance. It was decided to have the annual Martha Washington reception on the 24th of January at the Academy of Music.

THE EXPERIENCES OF A SUCCESSFUL PRACTITIONER.

MR. EDITOR, — Although my great professional success has placed me beyond any vanity for new triumphs, I cannot help expressing my satisfaction in seeing my letters republished "in your excellent, influential, and widely circulated journal." I hope that the foregoing compliment will permit me to "call your attention to an error of your printer."

It so happens that, very unfortunately for my reputation in this country and abroad, you call me the "Pea Ridge" instead of the "Pine Ridge" practitioner. The fact is, my former partner lives at Pea Ridge, and is making capital for himself by claiming to be the author of my letters. I have heard, incidentally, that many patients really sent to me have come under his care in consequence of your error. This would be a small matter, as I did not write to advertise myself, but in justice to "my noble profession, of which I am an humble member," I believe it to be my duty to expose fraud.

I may say, in passing, that White is growing a little cool towards me. I cannot imagine the reason for this, except that I now have another of his good families. I was called in consultation a month ago, and heard nothing more of the case until the father of the family asked me to be the regular attendant henceforth. I at first refused, and told him of code regulations, when he said that he had really discharged White; that it was a free country, and he was determined to have a doctor to suit himself. I smilingly said "there was no accounting for people's tastes," and rather reluctantly consented to oblige him. I felt it my duty, however, to say a good word for poor White, by remarking that, notwithstanding almost all his patients eventually came to me, I really pitied him. He deserved better things. I saw, however, that my new patient did not care to sympathize with me, inasmuch as he said he believed in the survival of the fittest. But it only shows how ungrateful patients can be.

Please give my compliments to your friend in Pau, France, and tell him that when he returns to this country I should be happy to meet him in consultation. I intend to send him a copy of the latest edition of my work.

If it is not asking too much, you may mention in "your valuable journal" that I have been elected trustee of our college, and that the class is larger than ever this year. Also that I have performed my nine hundred and seventieth operation for abrasion of the os, and am just completing the fortieth edition of my work, which will be immediately translated into all the foreign languages. When you receive the work for review, be careful not to send it to my partner at Pea Ridge.

Very sincerely yours, * * *

PINE RIDGE ON THE HUDSON.

SHORT COMMUNICATIONS.

THE NATIONAL BOARD OF HEALTH.

MR. EDITOR, — There have been a great many accusations against the National Board of Health during the past summer. Of late, however, the tide seems to have turned a little, and much has been said in defense of its work and its members. Will you permit me to state some of the reasons why, in spite of this, a great many persons, both amongst the laity and the profession, continue to look upon the board with disfavor, and hope that, if continued, Congress will very seriously change its present form. I know that many of the past summer's complaints have had quite as much of vituperation as reason in them; and I intend to state what may be called our position as dispassionately as possible.

Of recent indorsements of the board, the one in the December number of the *Atlantic Monthly* is perhaps the most prominent. Colonel Waring has written a very sensible article from the stand-point of such facts as he was acquainted with. But his knowledge was confessedly superficial, and the article itself is extremely so. It is indeed by no means creditable to a magazine which aims to be the repository of well-matured papers that it accepted this. However, it is not my purpose to criticise it directly. Another strong indorsement of the board has recently been given by the American Public Health Association. The fact that the three prominent officers of the National Board of Health were also the three leading officers in the Public Health Association undoubtedly had much to do with such action. The president of the association (and of the health board) devoted the whole of his opening address not to any great sanitary problems, but to an elaborate history and defense of the board over which he presided. Considering that, after all, the national board is a comparatively insignificant element in the sanitary problems of the day, this was hardly doing justice to the association. On the other hand, the association itself did not do justice to those interested in sanitary and quarantine matters when they, without discussion, voted approbation of a board which has had during the past summer so much criticism from many reputable sources.

So much for recent history. The record of the board's creation and organization has been given often enough, and I shall only touch upon some parts of it.

There is a little pathos in the story of the high compliments and honors paid at Nashville to the leading men of the National Board, for the man who, above all others, was the moving spirit both in making the Public Health Association a success and in forcing the necessity of public health legislation upon Congress is now dead. And there was not a word in recognition of his memory or services. When Dr. Woodworth died his work was taken up by others. The National Board of Health was created, with advisory powers, and with \$500,000 to lend emphasis to its advice. Allow me to allude to some of the facts (they cannot all be printed) in its subsequent history which have led so many to discredit its past work or further usefulness.

When the members of the board were appointed there was a very general satisfaction over the choice that had been made. It included some of the best sanitarians in the country. Unfortunately, however, the members lived so far apart that they could be of little practical service. It was seen at once that its authority must be delegated, and at its first meeting this was done. An executive committee of five was authorized to act for the full board. The membership of this committee was such that, practically, all the power of the board during the past summer has been vested in one man. Although such an arrangement has certain advantages, it does not seem right that an organization that appears to be conducted by eleven should really be conducted by one; nor is the private history of the way in which the present arrangement was brought about particularly creditable. I do not care, however, to dwell on petty intrigues. After the organization was completed the building of a ship was one of the first things to strike the public interest. The Gamgee refrigerating ship is associated with many dark tales. In spite of the defense of the board's action in regard to it, the affair was not to its credit. It never could have been anything but a hygienic monstrosity. The Delaware Breakwater fiasco threw much more discredit on the board. The plan of sending out sanitary inspectors was perhaps necessary to get matter for the *Bulletin*. The reports of these gentlemen, however, were trivial, and many of the inspectors themselves were densely ignorant, or mere political pensioners. It is of course unnecessary to except such men as Dr. Harris and Dr. Bell, whom I would be the last to discredit.

In general, however, these inspections were ridiculous performances, and could have been done much better by the local boards. Perhaps there was in Boston, as in New York, an inspector investigating our sanitary condition at ten dollars a day and expenses. Several numbers of the *Bulletin* contained valuable papers. Apart from these, I do not know that there was ever a sanitary publication of so little practical value. The Cuban commission, as far as can be learned, has been a failure. No one, perhaps, can be blamed for this. There were certainly good men upon it. Some value, too (though I hardly know what), may be attached to its discovery that yellow fever has been endemic in Havana for one hundred and eighteen years, that Cuba is unhealthy, and that in yellow fever there is a degeneration of the white blood corpuscles. Exactly how much the board practically accomplished last summer it will be difficult to say. Its best work has been in assisting local health boards and in formulating rules for internal quarantine. It is not the opinion of the Southern press that it prevented the fever from spreading. It is to be remembered also that it is the rule that great epidemics of yellow fever never occur in successive years. No one, however, can deny that it has done considerable good; but the point is, that it has not done anything that could not have been accomplished with less display and expense by some other agency, and that its possibility of future usefulness is very slight. The expense attending the little that it did accomplish has been something rather appalling to the taxpayer. With thirty inspectors at ten dollars a day and expenses, with a dozen clerks at the usual government salaries, with office expenses, printing expenses, the Cuban commission and members' salaries, a very respectable sum of fifteen thousand or twenty thousand dollars a month is made up. And this does not include the money given away. It is a large amount for the country to pay for the publication of sanitary advice and a few well-known rules about disinfectants.

In brief, then, those who oppose the Board of Health do so because it is an institution run by and to the glory of a clique; because the good it has accomplished has been inadequately small and is now outlived; because its machinery is clumsy and needlessly expensive; because it has done enough blundering to justify a lack of confidence in the importance of its actions or the value of its judgments; because all the work it does or is likely to do can be better done by some other agency. The board's chief value was as a disbursing body; in this capacity alone it has been popular. It is not necessary, however, to create a new department at a great expense for the sake of paying out money with which to purchase consent to its advice.

The question comes now, What is to be done? Well, abolish the board, and let Congress, if it must give money to the South, give it in some less clumsy and expensive way. It has departments and bureaus already organized through which it could act. It is the rule that private organizations are more efficient than public, and private organizations — interstate councils, local and state health boards — will be adequate to the care of epidemics after our recent lessons. I am aware that a year ago some kind of a national board was a necessity; the people were frightened; they insisted on it. Since then, however, we have learned how little the government and how much the people can do. Interest in national health boards has subsided. The proceedings of the American Public Health Association were hardly noticed in Eastern papers. The public is ready to do without any more public health legislation of a creative kind from Congress. If a board of some sort, however, is insisted on let it be put under some of the already existing executive departments, where there is already machinery enough to carry out all the public health regulations which Congress can constitutionally enact.

This is the view which I know that many, both legislators and physicians, share with me. If it appears one-sided I can only say that nothing has been wittingly stated or implied that is not true; and that when you come to partisan statements nothing can much excel the interminable discourse in defense of the board with which President Cabell opened the meeting of the American Public Health Association.

A VOICE FROM NORTH CAROLINA.

"LET IT REST!"

UNDER the above heading the *North Carolina Medical Journal* speaks as follows: —

"We notice that S. Cabot, in the *Boston Medical and Surgical Journal*, says that he (or she) has not seen it mentioned that the medical societies of North Carolina and Rhode

Island showed any indication of their scientific decadence by admitting women to membership.

"We will not speak for Rhode Island, but we will say for North Carolina that one experiment is enough. There are no women doctors hung on to the state society now, and one more move would be a serious disaster to all concerned. The action of our State Society need not be quoted as an example to be followed, for the heart-burnings and bad feelings engendered by it will, perhaps, not subside in this generation."

REPORTED MORTALITY FOR THE WEEK ENDING NOVEMBER 29, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Deaths under Five Years.	Percentage of total Deaths from					
				The Principal Zymotic Diseases.	Lung Diseases.	Diphtheria and Croup.	Scarlet Fever.	Diarrhoeal Diseases.	
New York.....	1,085,000	557	227	17.41	20.47	8.08	2.12	2.15	
Philadelphia.....	801,380	233	57	13.03	7.99	7.99	2.10	—	
Brooklyn.....	564,400	204	79	23.55	18.63	15.19	1.98	2.45	
Chicago.....	—	178	85	32.02	16.85	19.65	6.74	1.12	
St. Louis.....	—	121	47	19.84	9.09	7.44	—	4.13	
Baltimore.....	393,796	157	56	19.75	7.01	5.73	6.37	—	
Boston.....	360,000	163	59	20.88	16.56	11.04	1.23	4.29	
Cincinnati.....	280,000	87	37	20.69	10.35	5.75	6.80	6.89	
New Orleans.....	210,000	81	—	19.75	6.17	7.41	—	9.88	
District of Columbia.....	170,000	60	29	10.00	10.00	5.00	—	—	
Cleveland.....	160,000	57	27	36.84	5.26	7.02	24.56	—	
Pittsburgh.....	—	43	23	37.50	8.83	18.75	4.17	4.17	
Milwaukee.....	127,000	35	13	28.57	8.57	28.57	—	—	
Providence.....	101,500	48	19	35.42	8.33	16.67	13.75	—	
New Haven.....	60,000	—	—	—	—	—	—	—	
Charleston.....	57,000	27	9	—	8.70	—	—	—	
Nashville.....	27,000	3	—	33.33	—	—	—	33.33	
Lowell.....	53,800	13	7	11.11	16.67	5.56	5.56	—	
Worcester.....	52,500	18	5	—	—	—	—	—	
Cambridge.....	50,000	13	4	15.38	—	—	—	7.69	
Fall River.....	48,500	20	15	35.00	—	5.00	30.00	—	
Lawrence.....	38,200	12	10	41.67	—	25.00	8.33	—	
Lynn.....	34,000	9	4	33.33	11.11	33.33	—	—	
Springfield.....	31,500	12	—	33.33	—	25.00	—	—	
New Bedford.....	27,000	14	4	28.57	14.28	28.57	—	—	
Salem.....	26,400	9	2	22.22	11.11	22.22	—	—	
Somerville.....	23,350	9	3	22.22	11.11	11.11	11.11	—	
Chelsea.....	20,300	7	1	14.29	—	—	—	—	
Taunton.....	20,300	6	—	—	—	—	—	—	
Holyoke.....	18,200	7	2	42.86	—	14.29	28.57	—	
Gloucester.....	17,100	3	2	33.33	—	33.33	—	—	
Newton.....	17,100	6	2	—	—	—	—	—	
Haverhill.....	15,300	7	3	—	28.57	—	—	—	
Newburyport.....	13,500	5	1	—	—	—	—	—	
Pittsfield.....	12,650	1	—	—	100.00	—	—	—	
Fitchburg.....	12,500	4	—	25.00	—	—	—	—	
Milford.....	9,800	4	—	—	25.00	—	—	—	

Two thousand two hundred and forty eight deaths were reported: principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhoeal diseases, whooping-cough, erysipelas, and fevers) 464, consumption 342, lung diseases 297, diphtheria and croup 237, scarlet fever 86, diarrhoeal diseases 50, typhoid fever 25, malarial fevers 25, whooping-cough 20, measles eight, erysipelas eight, cerebro-spinal meningitis five, small-pox none. From *typhoid fever*, Philadelphia five, St. Louis and Pittsburgh four, Boston three, New York, Brooklyn, Chicago, Baltimore, Cincinnati, District of Columbia, Cleveland, Lawrence, and Springfield one. From *malarial fevers*, New York nine, Brooklyn and St. Louis four, Baltimore three, New Orleans two, Chicago, District of Columbia, and Cleveland one. From *whooping-cough*, New York six, Boston four, Brooklyn three, Philadelphia, Chicago, District of Columbia, Pittsburgh, Cambridge, Chelsea, and Fitchburg one. From *measles*, New York and Philadelphia four. From *erysipelas*, New York five, Chicago, Baltimore, and Cleveland one. From *cerebro-spinal meningitis*, New York three, Philadelphia and St.

Louis one. From *small-pox* none. Lung diseases, consumption, diphtheria, and whooping-cough were more fatal than in the previous week; typhoid fever much less so.

The meteorological record for the week in Boston was as follows:—

Date.	Barom- eter.	Thermom- eter.		Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather. ¹			Rainfall.		
	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
Nov. 23	29.913	38	49	27	90	67	68	73	S	SW	W	4	15	12	R	F	F	—	.02
" 24	30.281	28	40	24	63	50	66	60	W	NW	W	10	18	23	C	C	C	—	—
" 25	30.105	39	50	24	69	59	46	67	S	SW	W	5	16	9	F	C	C	—	—
" 26	30.425	35	48	29	69	42	63	58	W	NW	W	7	10	5	C	C	F	—	—
" 27	30.402	37	40	29	67	72	82	74	W	Calm	SE	1	0	8	O	O	O	—	—
" 28	29.955	54	58	39	92	75	76	81	S	SW	SW	8	15	17	O	O	O	—	.01
" 29	29.761	41	58	30	100	63	59	74	S	W	W	4	20	28	R	O	F	—	.57
Week.	30.126	39	—	—	—	—	—	68	—	W	—	1687 miles.	—	—	15 hrs.	—	—	—	.60

¹ O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., snow; R., rain; T., threatening.

For the week ending November 8th, in 147 German cities and towns, with an estimated population of 7,615,560, the death-rate was 22.8 against 22.2 of the previous week. Three thousand three hundred and forty-two deaths were reported: consumption 442, acute diseases of the respiratory organs 330, diarrhoeal diseases 253, diphtheria and croup 168, whooping-cough 79, typhoid fever 68, scarlet fever 66, measles 40, puerperal fever 18, small-pox none. The death-rates ranged from 8.3 in Carlsruhe to 36.6 in Munich. Dresden 17.6; Berlin 21.7; Hamburg 28.2; Hanover 16.1; Cologne 19.7. Also for the same week Vienna 23.8; Paris 23.9.

For the week ending November 15th, in the 20 English cities, with an estimated population of 7,383,999, the death-rate was 22.8 against 22.1 of the previous week. Three thousand two hundred and twenty deaths were reported: diseases of the respiratory organs 401, scarlet fever 209, measles 122, whooping-cough 75, diarrhoea 70, fever 43, diphtheria 22, small-pox none. The death-rates ranged from 16.8 in Sunderland to 26.2 in Leicester and Liverpool. London 23.2, Birmingham 18.8, Manchester 20.5, Leeds 25.6. Also for the same week, Dublin 30, Edinburgh and Glasgow 19. In Belgium diarrhoea, lung diseases, typhoid fever, small-pox, measles, and whooping cough were prevalent. In the Swiss towns, diarrhoea and lung diseases; only one death each from small-pox, diphtheria, whooping-cough, and typhoid fever having been reported in the twenty chief towns, and none from scarlet fever or measles.

LIST OF MEDICAL OFFICERS OF THE U. S. NAVY, AND THEIR STATIONS, DECEMBER 1, 1879.

SURGEON-GENERAL, with the relative rank of Commodore. Philip S. Wales, Chief of Bureau of Medicine and Surgery.

With the relative rank of Captain. Lewis J. Williams, Naval Laboratory, New York. Marius Duvall, Special duty, Baltimore. Phineas J. Horwitz, Naval Asylum, Philadelphia. Charles Martin, Naval Hospital, Norfolk. Francis M. Gunnell, Fleet Surgeon, Asiatic Fleet. James Suddards, Naval Hospital, Philadelphia. Edward Shippen, Special duty Philadelphia. Samuel F. Coues, Special duty, Boston, Mass. Jacob S. Dungan, Special duty, San Francisco, Cal. George Peck, member of Retiring Board. John M. Browne, Naval Hospital, Mare Island. Thomas J. Turner, Secretary National Board of Health. John Y. Taylor, Naval Hospital, Washington, D. C. William T. Hord, Naval Hospital, Chelsea, Mass. Albert L. Gihon, Naval Academy.

MEDICAL INSPECTORS (15), with the relative rank of Commander. Richard C. Dean, Board of Inspection. Albert C. Gorgas, waiting orders. Delavan Bloodgood, Naval Hospital, New York. Thomas Walter Leach, Navy Yard, Boston, Mass. Benjamin F. Gibbs, Ex-

aming and Retiring Boards. David Kindleberger, on return to United States. William E. Taylor, waiting orders. Chris J. Cleborne, Fleet Surgeon, North Atlantic Station. John C. Spear, Fleet Surgeon, European Station. Charles H. Burbank, Navy Yard, Portsmouth, N. H. Henry C. Nelson, Fleet Surgeon, P. Station. Somerset Robertson, waiting orders. Archibald C. Rhoades, Naval Hospital, Yokohama, Japan. Michael Bradley, Fleet Surgeon, South Pacific Station.

SURGEONS (50), with the relative rank of Lieutenant-Commander. Adrian Hudson, Assistant to Bureau of Medicine and Surgery. Newton L. Bates, member of Board of Examiners. Stephen D. Kennedy, Annapolis, Md., waiting orders. Edward S. Bogert, waiting orders. Walter K. Schofield, Stamford, Conn., waiting orders. Aaron S. Oberly, Torpedo Station, Newport, R. I. Grove S. Beardsley, Navy Yard, New York. James S. Knight, Michigan. Henry M. Wells, Ticonderoga. Edward S. Matthews, Lackawanna. John H. Clark, Receiving Ship Wabash. Adolph A. Hoehling, attending officers, Washington, D. C. Benjamin H. Kidder, New Hampshire. William K. Van Reyepen, Alaska. Thomas C. Walton, Receiving Ship Franklin. Theoron Woolverton, U. S. S. Powhatan. Thomas Hiland, Navy Yard, Norfolk, Va. Charles H. White, Naval Hospital, Mare Island, California. George W. Woods, Navy Yard, Mare Island, Cal. Frank L. DuBois, Wyoming. George H. Cooke, Navy Yard, League Island, Pa. Thomas N. Penrose, Naval Hospital, Norfolk, Va. Samuel F. Shaw, Receiving Ship St. Louis. Joseph Hugg, Naval Hospital, Chelsea, Mass. George R. Brush, Receiving Ship Colorado. Edmund C. Ver Muelen, Naval Hospital, Philadelphia. Daniel McMurtrie, Quinnebaug. C. J. Stuart Wells, Navy Yard, Washington. Edward Kershner, U. S. S. Minnesota. J. Rufus Tryon, waiting orders. William H. Jones, Naval Hospital, New York. John W. Coles, U. S. S. Nipsic. James M. Flint, Enterprise. George A. Bright, Tuscarora. William J. Simon, Alliance. George F. Winslow, U. S. S. Vandalia. Horatio M. Beaumont, Marion. Frederick M. Dearborne, U. S. S. Constitution. Hosea J. Babin, Marine Barracks, Brooklyn, N. Y. Jerome H. Kidder, Marine Barracks, Washington, D. C. Joseph B. Parker, U. S. S. Wachusett. Joseph G. Ayers, Naval Laboratory, New York.

SURGEONS, with the relative rank of Lieutenant. Abel F. Price, Monocacy. Henry Stewart, Naval Hospital, Pensacola, Fla. Melancthon L. Ruth, Naval Academy, Annapolis, Md. Michael C. Drennan, Naval Station, New London, Conn. James Albert Hawke, U. S. S. Constellation. Robert A. Marmion, U. S. S. Portsmouth. Benjamin S. Mackie, U. S. Marine Rendezvous, Philadelphia. Dwight Dickinson, Adams.

PASSED ASSISTANT SURGEONS (66), with the relative rank of Lieutenant. William A. Corwin, U. S. S. Kearsarge. Alfred M. Owen, U. S. S. Ashuelot. William G. Farewell, Coast Survey Steamer Hassler. Andrew M. Moore, waiting orders. John L. Neilson, Supply. Henry C. Eckstein, Naval Hospital, Philadelphia. George P. Bradley, waiting orders. Talleyrand D. Myers, Trenton. Theodore C. Heyl, Rio Bravo. Charles U. Gravatt, Naval Hospital, Norfolk, Va. John C. Wise. Howard Smith. John W. Ross, U. S. S. St. Mary's. Paul Fitzsimmons, Naval Hospital, Yokohama, Japan. Meredith D. Jones, waiting orders. Henry M. Martin, Navy Yard, League Island. S. Augustine Brown, Pensacola. William S. Dixon, waiting orders. Clarence E. Black, Store Ship Onward. Hampton Aulick, Naval Hospital, Mare Island. Homer L. Law, Ranger. Alex. F. Magruder, Saratoga. Charles A. Siegfried, Alert. Remus C. Persons, Coast Survey Steamer Blake. John F. Bransford, Richmond. Nelson McP. Ferebee, U. S. S. Jamestown. Henry P. Harvey, Receiving Ship, Washington, D. C. Benjamin F. Rogers, Coast Survey Steamer Gedney. James R. Waggener, Receiving Ship, Boston, Mass. Thomas H. Streets, Naval Hospital, Yokohama. Charles K. Yancey, sick leave. Manly H. Simons, Coast Survey Steamer Bache.

PASSED ASSISTANT SURGEONS, with the relative rank of Master. John C. Boyd, New Hampshire. George E. H. Harmon, Naval Academy. Howard Wells. James H. Gaines, U. S. S. Tennessee. Daniel N. Bertolette, U. S. S. Wyoming. Ezra Z. Derr, on leave. Frank B. Stephenson, U. S. S. Shenandoah. Charles H. H. Hall, Naval Hospital, Mare Island. Lucien G. Heneberger, Trenton. Presley M. Rixey, Tallapoosa. Walter A. McClurg, U. S. S. Tennessee. James M. Ambler, Arctic Steamer Jeannette. Cumberland G. Herndon, Palos. Robert Swan, U. S. S. Kearsarge. John Hancock Hall, Coast Survey Steamer Gedney. Richard A. Urquhart, Ticonderoga. John S. Bagg, waiting orders. Arthur C. Heffenger, Naval Hospital, Chelsea, Mass. Howard E. Ames, Navy Yard, Washington, D. C. Francis H. Terrill, Naval Laboratory, New York. David O. Lewis, Re-

ceiving Ship Independence. Ernest Norfleet, U. S. S. Wachusett. Edward H. Green, Naval Academy. Frank Anderson, Navy Yard, New York. Phillips S. Lovering, Training Ship Minnesota. Rufus H. McCarty, on leave. Robert Whiting, U. S. S. Constellation. George C. Lippincott, Bureau of Medicine and Surgery. John A. Tanner, Jr., Navy Yard, Boston, Mass. Lloyd B. Baldwin, Naval Hospital, Washington, D. C. Alvan A. Austin, Navy Yard, Norfolk, Va. Samuel W. Battle, Naval Hospital, Pensacola, Fla.

ASSISTANT SURGEONS, with the relative rank of Ensign. Charles T. Hibbett, Receiving Ship Franklin. Samuel H. Dickson, Naval Hospital, Norfolk, Va. John M. Steele, Naval Hospital, Philadelphia. Cunningham W. Deane, waiting orders. William R. DuBose, Naval Hospital, New York. Emlym H. Marsteller, Receiving Ship, Boston, Mass. Arthur G. Cabell, Pensacola. Nelson H. Drake, waiting orders. Henry G. Beyer, Receiving Ship, New York. Charles J. Nourse, Naval Hospital, Washington, D. C. Richard Ashbridge, waiting orders. James E. Gardner, Receiving Ship, Norfolk, Va. Millard H. Crawford, Receiving Ship, Mare Island, Cal. James C. Byrnes, Naval Hospital, Chelsea, Mass. George P. Lumsden, iron-clads, Brandon, Va. Frank C. Dale, waiting orders. William G. G. Wilson, Wyoming. George Arthur, Vandalia. William Henry Rush, Receiving Ship, League Island, Pa. Samuel F. Griffith, Alaska. Francis S. Nash, Lackawanna. James M. Murray, Quinnebaug. Clement Biddle, Richmond. D. M. Guiberas, U. S. S. Powhatan. C. H. Russell, U. S. S. Pensacola. H. T. Percy, Coast Survey Steamer McArthur. C. W. Rush, U. S. S. Marion.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM NOVEMBER 29, 1879, TO DECEMBER 5, 1879.

BROWN, H. E., captain and assistant surgeon. When relieved by Assistant Surgeon Middleton to report to the commanding officer, Fort Duncan, Texas, as post surgeon. S. O. 252, C. S., Department of Texas.

TAYLOR, M. K., captain and assistant surgeon. Granted leave of absence for one month, with permission to go beyond the limits of the department and apply for an extension of one month. S. O. 251, Department of Texas, November 28, 1879.

CLEARY, P. J. A., captain and assistant surgeon. To report in person to the commanding general, Department of the East, for assignment to duty. S. O. 271, A. G. O., December 2, 1879.

MIDDLETON, P., captain and assistant surgeon. Assigned to duty as post surgeon at post of San Antonio, Texas, and to relieve Assistant Surgeon M. K. Taylor as attending surgeon at department head-quarters. S. O. 252, Department of Texas, November 29, 1879.

CARVALLO, C., captain and assistant surgeon. To accompany troops, ordered from Rawlins, to Fort Laramie, Wyoming Territory, and there take post. S. O. 109, Department of the Platte, November 29, 1879.

ELBREY, F. W., captain and assistant surgeon. Assigned to duty at Fort Bayard, New Mexico. S. O. 238, Department of the Missouri, November 28, 1879.

HOFF, J. V. R., captain and assistant surgeon. Granted leave of absence for one month, with permission to apply for an extension of two months. S. O. 270, A. G. O., December 1, 1879.

COMEGYS, E. T., first lieutenant and assistant surgeon. When relieved by Assistant Surgeon Brown to report as post surgeon to the commanding officer, post of San Diego, Texas. S. O. 252, C. S., Department of Texas.

SMITH, R. E., first lieutenant and assistant surgeon. His resignation accepted by the president, to take effect April 1, 1880. S. O. 271, C. S., A. G. O.

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — A regular meeting will be held Monday evening, December 15th, at eight o'clock, at the hall of the Medical Library Building 19 Boylston Place. Reader, Dr. Webber. Subject, Myelitis.

FREDERICK C. SHATTUCK, M. D., Secretary.